

IC File # _____

NOTICE TO THE COMMISSION OF ASSIGNMENT OF REHABILITATION PROFESSIONAL

Emp. Code # _____

Carrier Code # _____

Carrier File # _____

The Use Of This Form Is Required Under The Provisions of The Workers' Compensation Act Employer FEIN _____

Employee's Name _____

Employer's Name _____ Telephone Number _____

Address _____

Employer's Address _____ City _____ State _____ Zip _____

City _____ State _____ Zip _____

Insurance Carrier _____

() _____ () _____

Home Telephone _____ Work Telephone _____

Carrier's Address _____ City _____ State _____ Zip _____

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() _____ () _____

Social Security Number _____ Sex _____ Date of Birth _____

Carrier's Telephone Number _____ Fax Number _____

1. The case has been assigned to the following rehabilitation professional who meets the qualifications as outlined in Rule IV of the Industrial Commission Rules for Utilization of Rehabilitation Professionals in Workers' Compensation Claims.

Name of RP: _____ Telephone Number: _____

Fax Number: _____

Name of Supervisor of Conditional Provider if Applicable _____

Company: _____ Type of Certification: _____

Address: _____ Certificate Number: _____

2. The purpose of this rehabilitation assignment is as follows (include date and type of injury):

3. This rehabilitation professional was assigned by the following carrier, self-insured employer, or third party administrator:

Date Completed: _____ Company Name: _____

Signed By: _____ Official Title: _____

Print Name: _____ cc: Plaintiff's Attorney _____

4. The Commission should return this completed form to _____ at Fax # _____
(Name)

By accepting this assignment, the above-named Rehabilitation Professional agrees that he/she meets the qualifications of a qualified/conditional rehabilitation provider as outlined in Rule IV of the Industrial Commission Rules for Utilization of Rehabilitation Professionals.

NORTH CAROLINA INDUSTRIAL COMMISSION
THE FOREGOING ASSIGNMENT IS HEREBY
ACKNOWLEDGED:

MAIL OR FAX TO: **NCIC - MEDICAL REHABILITATION
NURSES SECTION**

FORM 25N

**4341 MAIL SERVICE CENTER
RALEIGH, NC 27699-4341
MAIN TELEPHONE: (919) 807-2617
FAX: (919) 807-2699
HELPLINE: (800) 688- 8349
WEBSITE: HTTP://WWW.IC.NC.GOV/**